

**COMMONWEALTH OF KENTUCKY
INFORMATION FOR BOARDS AND COMMISSIONS**

Return Completed Form To:
Bill Beam, Jr.
Governor's Office
Room 100, State Capitol
Frankfort, KY 40601
(FAX 502/564-2849)

Please Fill in Board/Commission Under Consideration

Your Name (Last, First, Middle) Mr. Ms. Mrs.	County	Congressional District	Ky. Senate District	Ky. House District
Home Address	City	State	Zip	
Date of Birth	Social Security Number	*Party Affiliation: Dem. Rep. Ind. (Underline one)		Race
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number	
Current Employer	Business Address			
Spouse's Name	Spouse's Employer			

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

- Necessary in order to comply with state law in regard to balance

CURRENT RESUME MAY ALSO BE SENT

DATE: _____

SIGNATURE: _____